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JUN 04 2004

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03/04/2004

QUINE INTELLECTUAL PROPERTY LAW GROUP, P.C.  
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 ALAMEDA, CA 94501

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Juliana Hermas	(Depositor's name)
Juliana Hermas	(Signature)
June 2, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/965,672	09/26/2001	Steven M. Ziola	08-000410US	2887

TITLE OF INVENTION: DEVICE AND METHOD DESIGNED FOR ULTRASONICALLY INSPECTING CYLINDERS FOR LONGITUDINAL AND CIRCUMFERENTIAL DEFECTS AND TO MEASURE WALL THICKNESS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	06/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHAPMAN JR, JOHN E	2856	073-622000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jonathan Alan Quine  
 2 Quine Intellectual Property Law Group, P.C.  
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Digital Wave Corporation

Englewood, Colorado

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0893 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Jonathan Alan Quine

6-2-04

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06/07/2004 MBERHE1 00000066 500893 09965672

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02 FC:1504	300.00 DA
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